717429

| (Re | equestor's Name) | _ |
|-------------------------|---------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

1169-1092-



500318023465

U9/07/18--01024--007 **35.00

FILED 2018 OCT -1 AM 10: 52 SECRETARY SEE STATE

C. GOLDEN OCT -3 2018

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPORATION: | MIAMI | CHRISTIAN | CHURCH |
|---|--|-----------------------|-------------------|
| DOCUMENT NUMBER: 7/7 | | | |
| DOCUMENT NUMBER: | / | | |
| The enclosed Articles of Amendment and fee are subm | itted for filing. | | |
| Please return all correspondence concerning this matter | to the following: | | |
| MADHO. P. HAR | eic HARK | PAN | |
| (| (Name of Contact Pe | rson) | |
| NORTH MIAM | , CHRIS | TIAN CH | urch. |
| | (Firm/ Company |) | |
| | | | |
| | (Address) | | |
| | , , | | |
| | | | |
| | City/ State and Zip (| lode) | |
| | | | |
| | | | |
| E-mail address: (to be used | for future annual rep | ort notification) | |
| For further information concerning this matter, please of | :all: | | |
| | | | |
| MADHO P. HARRICHAR | eAN 11 | 776 - 290 | 7-1325 |
| MADHO P. HARRICHAR. (Name of Contact Person) | <u> </u> | (Area Code) (Daytime | Felephone Number) |
| Enclosed is a check for the following amount made pay | | | |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & 【 | TS43-75 Filing Fee | & □\$52.50 Filing Fee | |
| Certificate of Status | Certified Copy | Certificate of State | 18 |
| | (Additional copy is | Certified Copy | |
| | enclosed) | (Additional Copy | is |
| | | Enclosed) | |
| Mailing Address | | eet Address | |
| Amendment Section | | Amendment Section | |
| Division of Corporations | Division of Corporations | | |

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



September 12, 2018

MADHO HARRICHARRAN 405 NE 135TH STREET NORTH MIAMI, FL 33161

SUBJECT: NORTH MIAMI CHRISTIAN CHURCH, INC.

Ref. Number: 717429

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 018A00018965

Articles of Amendment to Articles of Incorporation

| \circ of \circ |
|--|
| NORTH. MIAMI CHRISTIAN CHURCH . SWC |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| 717429. |
| 7/7 4 2.9. (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |
| |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| · |
| · |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent: MADHO 1P. HARRICHARRAW |
| 9754 W. 34Ct. |
| New Registered Office Address: |
| HIACEAH - Florida 330 18 (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| Madro F. Hameha |
| ' Signature of New Regisfered Agent, if changing |

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | Y Mik | n Doe te Jones y Smith | |
|----------------------------------|--------------|-------------------------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>P.</u> | PASQUALE | 14605 N.E.2 AUE N.MIAMI F1. 3316 |
| Remove | <u>S.</u> | MARU FILTIN | 160 N·W. 120St. |
| 2) Change Add | <u> </u> | MARY EILEN CONS L EGRA | MiAMI F1. 33168 |
| Remove 3) Change Add | to <u>P.</u> | MADHO HARRICHARRAIN | 9754 W.34Ct. HIMLEAH. F.1. 33018 |
| Remove 4) Change Add | <u>S</u> | LAKEANAY VICTOR | 3800 DAVIEROS, EXTENSION APTA |
| Remove 5) Change Add | | | 1207. Howyweis F1. 33024. |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |

| E. <u>If amending or adding addit</u> (attach additional sheets, if ned | ional Articles, enter change cessary). (Be specific) | e <u>(s) here</u> : | | |
|--|---|---------------------|---|-------------|
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | " | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | . | | |
| | | | | |
| | <u>-</u> | | | |
| | Δ | | | - · · · · - |
| | 1. H | | | |
| | / V | | | <u></u> |
| | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| • | - | | _ | |
| | | | | |
| | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|--|--|
| date this document was signed. | |
| Effective date if applicable: 09/24/18 (no more than 90 days after amendment file | dute) |
| (no more than 90 days after amenament file | ane) |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records. | uirements, this date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the members and the number of votes cas was/were sufficient for approval. | it for the amendment(s) |
| ☐ There are no members or members entitled to vote on the amendment(s). The amendment by the board of directors. | endment(s) was/were |
| Dated 09/24/18 | |
| Signature Madho P. Hamcham | |
| (By the chairman or vice chairman of the board, president or of have not been selected, by an incorporator — if in the hands of other court appointed fiduciary by that fiduciary) | |
| MADHO. P. HARRICA (Typed or printed name of person si | HPRIZAN) (gning) |
| PRESIDENT. | |
| (Title of person signing) | |